

TAP GRFP #309 Questions and Answers

Who May Submit an Application

1. May a non-certified county Human Services Department serve as the lead agency as long as that county contracts with DHS-75 certified providers?

No, Wis. Admin. Code states the following:

§ DHS 66.03(1) To be eligible for a TAP grant an agency shall be certified to operate one or more AODA programs under ch. DHS 75 **and** (bold and underline added) shall be one of the following:

- (a) A county department of community programs established under s. 51.42, Stats.;
- (b) A county department of human services established under s. 46.23, Stats.;
- (c) A private nonprofit corporation organized under ch. 181, Stats.;
- (d) A tribal agency appointed by the governing body of a federally recognized Wisconsin tribe or band of Indians;
- (e) A non-profit minority agency defined as an agency where at least 50 percent of the members of the agency's board of directors are members of a minority group and at least 50 percent of the persons served or to be served by the agency are members of a minority group.

For proposals in which the County is not the applicant agency, it is prudent, though not required, that the applicant agency collaborate with the County through a Memorandum of Understanding (MOU) or subcontract as part of a consortium or agency application to ensure that the program is:

- Integrated with other county programs and initiatives for the criminal justice population,
- Available to all eligible participants within the county, and
- Can most effectively address the multiple needs of the target population.

The specific role of the County whether that is the fiscal agent, data reporting agent, or other should be clearly identified in the proposal as is the role of any other participating partner agency.

2. Is it enough for a proposing organization to have made a DHS 75 application, or does the organization already need to possess that certification?

No, per Section 1.10 of GRFP #309 and Wis. Admin. Code § DHS 66.03(1), an agency **shall** be certified to operate one or more AODA programs under Wis. Admin. Code § DHS 75 as a condition of making an application.

3. Is the grant intended to assist counties that were already given grant monies from DOJ or only new prospective TAD counties?

TAP and TAD are two separate grant programs. TAP is administered through the Department of Health Services and TAD is administered through the Department of Justice.

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Programs under this grant solicitation may not be used to supplant any other funding sources (i.e. County funds, State grants, Federal grants). The grant may be used to:

- Create new projects,
- Fund new program expansions or service enhancements within an existing program, or
- Continue current program activities of an existing grant funded program (i.e. TAP) in cases where grant funding is ending.

If funds will be used for an expansion and/or enhancement of an existing program, the proposal must be clear in describing how all the requirements outlined in GRFP #309 are provided and what newly proposed services will be expanded or enhanced with TAP grant funds. All projects that receive funding will be required to report on the goals and objectives outlined in Section 5.1 of GRFP #309. Additional outcome measures will need to be developed to reflect improved outcomes based on any increased service capacity and/or service enhancements funded through the TAP grant. Local base line data will need to be provided for measuring the impact of the expansion and/or enhancements.

Consortium Applications

4. Does a consortium refer to a multi-county partnership or can this be a consortium of multiple agencies within the same county with a non-profit as lead agency?

Consortium within GRFP #309 refers to either a multi-county partnership or multiple agencies within the same county.

5. Does every agency that would provide services under the grant need to be part of a consortium that applies for the grant? If so, what does being a part of the consortium entail (beyond what is specified on page 8 of the GRFP)?

No, a consortium lead agency can subcontract for services provided under the grant.

In addition to the consortium conditions provided in Section 1.10 of GRFP #309, a consortium application would require agreement from all consortium members through an MOU or MOA that they will participate in the grant and will provide specifically defined services and/or responsibilities. MOU's and MOA's will need to be submitted at the time of contract award for approval, though consortium members and their roles should be clearly outlined in the proposal. The lead agency is advised to seek legal counsel to assist in establishing relationships between the lead agency and member agencies. The lead county agency for each Consortium is responsible to the Department for its Consortium's compliance with the terms of this Contract. All contract activities between the Department and the Consortium will occur through the lead county agency.

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6. Although the lead agency is responsible for fiscal and data reporting requirements, can other agencies actually perform those activities if agreed to by a consortium?

Yes, the responsibilities of the lead agency for fiscal and data reporting can be performed by another agency. The lead agency however does remain responsible for all aspects of contract compliance (i.e. deficiencies in an audit, audit exceptions or enforcement of contract provisions). All contract activities between the Department and the Consortium will occur through the lead county agency.

7. If the lead agency is not a county, does the lead agency and/or other provider organizations need to be located in the county on whose behalf the application is made?

The lead agency is required to be located in the county on whose behalf the application is made, though other providers may be located outside of the county. In the case of a multi-county consortium, the lead agency would need to be located in one of the participating counties.

8. Are non-public entities allowed to access the state's PPS in order to enter the required data?

No, only county departments are able to access the state's PPS to enter data. If the lead agency is not a county department but meets criteria of an eligible agency outlined in Wis. Admin. Code § DHS 66.03(1), they would need to report the data using an Excel spreadsheet.

Eligibility Criteria

9. Section 6.3.2 requests information on eligibility criteria and states that these should include "involvement in the criminal justice system as evidenced by a formal misdemeanor or felony criminal charge diversion agreement, or an alternative to revocation for those under community supervision..." Instead of a formal diversion agreement, could the person be eligible for TAP Grant-funded services in conjunction with placement in a treatment court when legal incentives (e.g., stayed time) accompany such placement?

Yes, Wis. Admin. Code § DHS 66.02(20) TAP means "...the treatment alternative program authorized under s. 46.65 Stats., to provide alcohol or other drug abuse services, as a treatment alternative in lieu of incarceration for eligible persons in need of those services."

In addition Wis. Admin. Code § DHS 66.01(1) states "... Substance Abuse treatment is a substitute for incarceration."

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Funding Restrictions

10. Are there any restrictions on the way funds may be used (as long as the proposer meets grant requirements)? For instance, could grant funds be used to provide medication assisted treatment (e.g., Vivitrol)?

§ 46.65(2)(h) requires that no more than 25% of any recipient's TAP grant can be used for administrative costs. A minimum of 75% of the grant must be used to provide treatment services to program participants which would include any services that work towards a decrease in dysfunctional symptoms and an increase in maintaining the highest level of health, stability, self-determination and self-sufficiency for program participants (i.e. assessment, treatment, case management, drug testing, recovery support services). As long as the proposer meets all of the grant requirements, medication assisted treatments such as Vivitrol could be supported with grant funds.

Faith Based Organizations

11. Can the contracts for treatment be with faith based organizations? Can one contract with a clinical supervisor and licensed AODA counselor for treatment groups if they are associated with a Christian based non-profit that is a certified state agency?

Yes, as long as the organization is a non-profit organization.

45 CFR 87.2(b) states:

Religious organizations are eligible, on the same basis as any other organization to participate in any Department program for which they are otherwise eligible. Neither the Department nor any State or local government receiving funds under the Department program nor any intermediate organization with the same duties as a governmental entity under this part shall in the selection of service providers, discriminate for or against an organization on the basis of the organization's religious character or affiliation.

45 CFR 87.2(c) states:

Organizations that receive direct financial assistance from the Department may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department. If an organization conducts such activities, the activities must be offered separately, in time and in location, from the programs or services funded with direct financial assistance from the Department, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.

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Drug Testing

12. Does all testing need to be performed through a 42 CFR 493-certified agency? This would preclude the use of certain testing methods.

No, it is expected that the program will conduct on site testing with trained program staff. Wis. Admin. Code § DHS 66.08(3)(c) requires that TAP funded projects have a written contract with a laboratory certified under 42 CFR 493 to conduct confirmatory urinalyses and other tests of specimens. Programs are only required to use a certified lab to confirm contested positive tests done on site. Programs are not excluded from using additional non-urine on site testing methods but must have a process in place for confirming the contested positive results of those tests as well (i.e. have a contract with a certified lab to conduct confirmatory tests for on-site non-urine tests or provide on-site urinalyses to confirm positive non-urine on site tests which can be sent to a certified lab for confirmation if needed).

Evidence-Based Practice

13. Is the request to measure fidelity to evidence-based practices applicable to the program as a whole (e.g., 10 Key Components for Drug Courts) or specific to certain treatment services (e.g., Thinking for a Change or Trauma Recovery and Empowerment Model)?

Under Section 5.11 (Objective #4) of GRFP #309, measuring fidelity to evidence-based practices would apply to any EBP's that are used by the program as a whole as well as those used by the treatment providers.

14. If multiple agencies are providing services and a private non-profit is serving as the lead agency, would the lead agency be responsible for measuring fidelity to evidence-based practices at a competing agency? In a competitive environment, this may undermine the spirit of collaboration intended under this program. Could a non-certified county participating in a consortium application be responsible for assessing fidelity instead?

The lead agency's responsibility would be to ensure that all participating agencies identify the specific EBP's they will use, document what specific measure they will use to monitor fidelity within their agency and comply with submitting a report on their fidelity findings for the grant required bi-annual performance reports. Each agency should have a way of quantifying the fidelity findings based upon the measure they choose (i.e. clinician completed check-list of activities/elements of EBP; or self, supervisor or peer review of audio or video recorded practice samples using a standardized coding instrument).

The lead agency of a consortium application could assign these responsibilities to a County or other agency which would be specified in an MOU or MOA with that partner agency.

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Goals, Objectives and Outcome Measures

15. The Objectives cited in Section 5.1 are fairly extensive. Per Section 6.2, does the Proposer need to develop additional goals and objectives or merely specify local performance targets, ensuring that at least one objective is cited in the three required categories (Service Access, Effectiveness/Outcomes and Participant Satisfaction)?

All TAP projects will be required to report on the two goals and eleven objectives identified for this program in section 5.1 of GRFP #309. The proposer will need to specify the local numbers that relate to the required objectives. Per section 6.2 of GRFP #309, the proposer is not required to add additional goals and objectives but may do so to fit their specific project needs if desired. Any new objectives identified by the proposer should be written to address a Service Access, Effectiveness/Outcome or Participant Satisfaction measure.

16. Section 6.2 requests goals, objectives and performance expectations for each year of the grant. Since only one year of the grant is guaranteed, should proposers limit those goals, etc., to a single year?

This application requires the proposer to identify goals, objectives and performance expectations for one year. Thereafter the project will identify goals, objectives and performance expectations every year through an annual Re-Application process initiated by the DHS Contract Administrator for years two, three, four and five based upon the Proposer's satisfactory performance, audit findings and the availability of funds.

17. It appears that the Program Performance Report is intended to double as the project work plan. The RFP specifies two (2) goals and 11 objectives, whereas the work plan template includes space for four (4) goals with four (4) objectives each. Is the proposer expected to reference the state's goals/objectives listed in Section 5.1 of the RFP within the work plan or should the work plan reference those activities the proposer wishes to fund through the grant as they relate to the Goals, Objectives and Performance Expectations discussed in Section 6.2 of the RFP? Please clarify the desired content of the work plan.

The Program Performance Report is not intended to double as the project work plan. The Performance Report template attached to this GRFP is used to report on the established Goals, Objectives and Outcome measures for this program on a bi-annual basis. As it is a template that is used by the Division of Mental Health and Substance Abuse Services across diverse contracts it will need to be modified for a particular grant program. Space can be expanded in any of the Goal sections using the Return or Enter Key to add objectives or information in any of the other sections. Although the template has four Goal sections there is no expectation that projects have four goals.

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The work plan is something that needs to be developed by the Proposer as part of the response to the GRFP. The work plan needs to specify all activities that will be undertaken to address the required goals and objectives in Section 5.1 of the GRFP #309; any additional goals and objectives identified by the proposer; all implementation activities required in establishing a new program; and implementation activities for program expansion or program enhancements. The work plan should also identify a timeline for the completion of the activities along with identifying the person responsible to carry out each of the listed activities. The entirety of Section 6.0 of GRFP #309 should provide content information for the work plan.

18. How is the state defining “productive employment” for purposes of outcome measurement? How do individuals who are on disability or perform child care within the home get classified?

A productive employment situation would include being employed (including military) with sufficient income to meet basic individual or family necessities of food, clothing, housing, and transportation (i.e., pays well enough to “make ends meet”). A homemaker, volunteer, student, job training, supported employment, retired or person with a disability could also be considered if they were supported by theirs’ or another’s income or public assistance or disability.

19. How does the state define a living environment that supports recovery?

A living environment that supports recovery is one that is in the community, independent or supported, stable, safe, supportive, inhabited by non-users, low stress and low relapse trigger.

20. How are the benchmark thresholds established for Objective # 5-11 in Section 5.1 of GRFP #309? How will DMHSAS work with successful applicants on achieving the benchmark thresholds? What is DMHSAS’ expectations on the achievement of these benchmarks?

Objective # 5 (Program Completion):

- 2013 WI rates for successful completion of standard outpatient treatment is 52.3%.
- 2011 Evaluation Report for the WI Treatment Alternatives and Diversion Program (TAD) which serves a similar target population reports:
A 64% completion Rate (55% for TAD Drug Treatment Courts and 66% for TAD Diversion Projects.

Objective # 6 (Period of Abstinence):

- A minimum consecutive three month period of abstinence has been a standard practice requirement in WI Treatment Courts in order to graduate from the program.

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Objective #7 (Recidivism Reduction)

- Sources: Andrews, Donald A. (2007), “Principles of Effective Correctional Programs”, in Motiuk, Laurence L. and Serin, Ralph C. (2007). Compendium 2000 on Effective Correctional Programming. Correctional Service Canada; and Latessa, Edward J. and Lowenkamp, Christopher, “What are Criminogenic Needs and Why are they Important?”

Objective #8 (Productive Employment)

- According to SAMHSA’s 2011 Treatment Episode Data (TEDS) for all states National Outcome Measures (NOMS) at Discharge for Outpatient Services -Employment is 41.3% for persons who completed treatment.
- However since the definition of employment for TAP is an expanded definition to include persons who are homemakers, students, volunteer, job training, supported employment, retired or with a disability if they are supported by theirs’ or anothers’ income or public assistance or disability; the standard was increased accordingly.

Objective # 9 (Supportive Living Environment)

- According to SAMHSA’s 2011 Treatment Episode Data (TEDS) for all states National Outcome Measures (NOMS) at Discharge for Outpatient Services- Dependent Living is 23.9% and Independent Living is 72.3% for persons who completed treatment.

Objective # 10 (Positive Social Connections)

- Sources: National Institute of Corrections, Community Corrections Division, U.S. Department of Justice (2004), “Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention”; and Pennsylvania Department of Corrections Office of Planning, Research, Statistics a & Grants (2007), “Principles of Effective Offender Intervention”.
- The benchmark was established to be consistent with the outcome measures for employment and supportive living environment.

Objective #11 (Post Program Conviction for a new Criminal Offense)

- 2011 Evaluation Report for the WI Treatment Alternatives and Diversion Program (TAD) which serves a similar target population reports: 77% of program graduates were not convicted of a new offense after TAD discharge within 1 year of completion, 71% within 2 years and 67% within 3 years of completion.

DHMSAS’ expectations on the achievement of these benchmarks is that projects will be actively working toward achieving the benchmark targets and developing strategies to improve their outcomes in these areas. Projects funded with TAP grants are encouraged to let the State Contract Administrator know of their

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specific needs, so DMHSAS can determine if any assistance from the state can be provided.

Satisfaction Measurement

21. To whom does the satisfaction measurement tool need to be administered (e.g., all current participants or anyone who was in the program during the year) and at what points in time?

Since the objective for providing a satisfaction measure is to assure that services are perceived by participants as person-centered and strengths based, it should be aimed at all participants who are served in the program during the contract year. The program may choose to solicit this feedback at a certain point in the program or at various times during involvement in the program. To help obtain a good representation of participant satisfaction, consideration should be given to confidentiality, anonymity, culturally sensitivity, as well as the method and timing of when the satisfaction measure is provided. As indicated in Section 5.1.1 of GRFP #309, the State Contract Administrator will work with the funded projects in approving the proposed satisfaction measure.

Vendor Information Form

22. Section 2.2 refers to Vendor Information Form DOA-3477, and then Section 8.0 lists Vendor Information but does not include an actual form. Should the proposer simply include the information listed in Section 8.0 or use an actual form?

The Vendor Information Form DOA-3477 has been attached to the grant announcement @ <http://www.dhs.wisconsin.gov/rfp/>.